

Bio final important points

1st lec:

Insulin (fed state) Glycolysis

Epinephrine (fasting) **gluconeogenesis**

Chronic renal failure pt. has

- 1- Metabolic acidosis
- 2- Renal rickets: deficiency in 1, 25 DHCC or calcitriol
- 3- Anemia

2nd lec:

↑ PA cus there's no Tyrosine

Treatment of PA is very very important

- 1- PA can't be detected at birth **** it should be after breast feeding the best detection at 1st week after breast feeding
- 2- *early detection before 1st month = good prognosis
- 3- should have ↑ level of tyrosine supplements

3rd lec

Plasma creatinine is the best

Cases

If has **albuminuria** you should know whether it's moderate or sever (know the value of each)

Causes:

- 1- nephritic syndrome (if hypoalbuminemia)
- 2- DM (if has Hx of DM, HA1c, hyperglycemia)

Glucosuria

Causes:

- 1- DM (↑ glucose or Hx of DM)
- 2- If fasting glucose, or HA1c were normal = no renal reabsorption = renal Glucosuria | to assess renal tubular function **Plasma β2-microglobulin** appears in urine or **urine osmolarity**
In the exam focus on reading the Q very carefully to distinguish b\w Glucosuria in DM or Renal Glucosuria

4th lec

When you have **polyuria with (↑specific gravity)**?

In **DM**: Hyperglycemia + glucose in urine > that's the reason of (↑specific gravity)

When do u have **colorless urine** or **pale** urine?

Diabetes insipidus

Chronic renal failure

When do u have cloudy urine?

Crystals

Nitrites in urine: **bacteriuria**